

THE COMMONWEALTH OF MASSACHUSETTS

Town of Cummington  
BOARD OF HEALTH  
**Green Burial Permit**

Name of Deceased

Address

Date of Death

Date of Burial

**Check List**

☐

Subsequent additional grave

☐

Registry of Deeds

☐

Registered with Department of Environmental Protection

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Copy of Death Certificate (for Board of Health records)

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Description of burial site

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Map or schematic showing location of gravesite

Attach Photo of site